

# **CORRECTED FISCAL NOTE**

## **SB 3768**

March 10, 2008

**SUMMARY OF BILL:** Requires all nursing homes to post a map indicating where all entrances and exits, all publicly accessible restrooms, and all automated external defibrillators (AED) are located.

### **ESTIMATED FISCAL IMPACT:**

On February 26, 2008, we issued a fiscal note indicating *an other fiscal impact that the Board for Licensing Health Care Facilities will hold an additional meeting in FY09 at a total cost of \$6,000 for travel reimbursements, per diem, a court reporter and a transcript. These one-time expenditures can be funded from existing resources of the Board without the collection of additional revenue.* Based on further analysis, the fiscal impact of this bill is as follows:

#### **(CORRECTED)**

#### **Increase State Expenditures - \$6,000/One-Time**

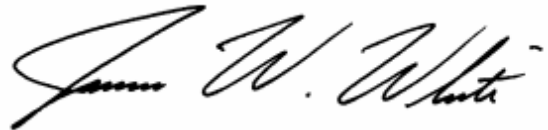
##### Assumptions:

- The Board for Licensing Health Care Facilities will need to hold an additional meeting to revise the nursing home survey regulations.
- There will be a one-time increase in state expenditures for board member travel reimbursement of \$5,000.
- There will be an increase in state expenditures for a Court reporter to transcribe the meeting. Such is estimated to be \$300.
- A 175 page transcript at a cost of \$4 a page will result in a one-time increase in state expenditures of \$700 (175 x \$4).
- Fee revenue is not sufficient to cover the operation of the Board. The Board currently operates at a deficit that is paid through a general fund appropriation at the end of the fiscal year.
- The increase in fees for FY07-08 will not be sufficient to eliminate the deficit in FY07-08 or in future years.
- This additional meeting will increase the Board's operating deficit and will require an increased general fund appropriation.

- Pursuant to Tenn. Code Ann. § 68-11-216, the Board for Licensing Health Care Facilities is required to be self-supporting over a two-year period.
- The provisions of this bill will have no affect on the Bureau of TennCare's hospice services payments.

**CERTIFICATION:**

This is to duly certify that the information contained herein is true and correct to the best of my knowledge.

A handwritten signature in black ink, reading "James W. White". The signature is fluid and cursive, with the first name "James" written in a larger, more prominent script than the last name "White".

James W. White, Executive Director

/kml